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ARY OF STATE.

CT CORPORATION SYSTEM		SECRETAIRTU, FLORIDA TALLAHASSEE, FLORIDA	
660 EAST JEFFERSON STREET			
Requestor's Name TALLAHASSEE, FL 32301			
Address	1003		
City State Zip	Phone	000002531910 4 -05/21/9801081022 ****131.25 ****131.25	
CORPORATION	(S) NAME	22202	
MSC St. Aug	ustine, Inc.		
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Profit Articles () NonProfit () Limited Liability Co.	() Amendment	() Merger	
() Foreign	() Dissolution/Withdrawal	() Mark	
() Limited Partnership () Reinstatement	() Annual Report () Name Registration () Fictitious Name	() Other () Change of R.A.	
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Name Availability	5-21-98	Thanks, Jeff	
Document Examiner		MAY 22 199 8	
Updater Verifier	P. Hall	MAY RESIDENT	
Acknowledgment		•	
W.P. Verifier		. •	

CR2E031 (1-89)

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Bissiness Corporation Act, hereby adopts the following Articles of Incorporation.

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ARTICLE I NAN

The name of the corporation shall be: NSC St. Augustine, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 30 South Wacker Drive, Suite 2302, Chicago, IL 60601

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

C T CORPORATION SYSTEM 1200 South Pine Island Road Plantation, Florida 33324

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Connie Bryan 660 E. Jefferson St., Tallahassee, FL 32301

Signature/Incorporated

5/21/98

Date

Connie Bryan

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

CT CORPORATION SYSTEM

Signature/Registered Agent

5/21/98

Date

CONNIE BRYAN SPECIAL ASSISTANT GEOGRAPIA